

To The Commission to Review Statutes Relative to Implementation of the School Bullying Law:

I am the Director of School Programs at the Cambridge Health Alliance and Assistant Professor of Psychiatry at Harvard Medical School. I have worked collaboratively with schools for eighteen years to assess and treat vulnerable and aggressive students. I appreciate the importance of this commission and the relevance of systemic interventions. I want to offer some relevant concepts which are critical for how to address the troubling problem of bullying in schools. We need a balanced approach that promotes student safety and where we do not marginalize students whose behavior actually signals a need for more intensive interventions. The concepts that I wanted to share are:

1. Proactive versus reactive aggression:

Proactive Aggression¹	Reactive Aggression (Affective Aggression)
<ul style="list-style-type: none">* To obtain specific rewards or to establish social dominance* Minimal, autonomic level of physiological arousal* Relates to predatory aggression	<ul style="list-style-type: none">* Involves the defensive use of force against a perceived threat or provocation* High level of physiological arousal* Fight-or-Flight response* Impulsive/explosive* This is a point at which kids blank out

The distinction between proactive and reactive aggression is useful when schools and clinicians are considering both disciplinary action and therapeutic support. If students have proactive aggression, they respond better to consequences and a demonstration of power that comes through disciplinary procedures and containment. With reactive aggression, seen in kids who have experienced trauma, they may benefit from intensive support and education around their tendency to misinterpret cues and their hypervigilance that can lead to aggression and bullying. In my research of safety assessments in schools, many of these students were exposed to violence in the home, which made them more vulnerable to acting out in school.

2. Stability of aggression:

By age eight, aggression is as stable as IQ². This speaks to the fact that in many of our schools, we could identify these struggling students early on, but they often do not

¹ Connor DF, Steingard RJ, Anderson JJ, et al. Gender differences in reactive and proactive aggression. *Child Psychiatry and Human Development* 2003; 33:279-294.

² Olweus, D. (1979). "Stability of aggressive reaction patterns in males: A review." *Psychological Bulletin* 86: 852-875.

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receive intensive enough interventions to turn around their trajectory. These interventions need to be provided not just by schools but also by a continuum of services provided in the community (home-based family services, cognitive behavioral therapy, therapeutic mentoring, etc.). Barriers to this are lack of easy access and funding.

3. Transient versus substantive threats:

Another important concept is to evaluate transient versus substantive threats. Transient threats are seen in younger children (typically around fourth grade) where children have not planned out their threat and they later show remorse. The context and meaning of the threat are more important than its verbal content. Students who have an emotional disorder (e.g. bipolar disorder, Asperger's syndrome) may say intimidating things or act inappropriately and make threats secondary to their experience of being bullied relentlessly. These students are more likely to make transient threats. A substantive threat, which is a relatively smaller percentage of threats, are more concerning and credible and show a continuing intent to harm someone. These students' threats³ peak in middle school. It is important for schools to make a distinction between the types of threats in order to avoid student profiling when determining a response to situations.

4. Parent responsibility:

The idea of holding parents responsible for their child's behavior in the context of bullying requires a balanced and reasonable approach. For example, in a situation where a child was beaten by one parent and is now living with the other parent, the student may act alarmingly inappropriately at school. Such a custodial parent may be making best efforts to address her/his child's sense of betrayal and rage, and would benefit from supportive interventions rather than a punitive approach at the outset.

I have devoted my professional career as a child psychiatrist to work with schools confronted with aggressive students. This is a tremendous opportunity to mobilize resources to intervene productively in scary and difficult situations. I offer these concepts to emphasize the importance of a clinical assessment of children who may be aggressive in school so as to better understand the child's history and patterns of behavior and to encourage a constructive response.

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³ Cornell, D. G., & Sheras, P. L. (2005). *Guidelines for Responding to Student Threats of Violence*. Boston: Sopris West Educational Services.

Cornell, D. G., Sheras, P. L., Kaplan, S., McConville, D., Douglass, J., Elkon, A., et al. (2004). Guidelines for Student Threat Assessment: Field-Test Findings. *School Psychology Review*, 33(4), 527-546.